



MACON COUNTY GENERAL HOSPITAL
P. O. BOX 378
LAFAYETTE, TENNESSEE 37083

PHONE 615-666-2147

AFFIDAVIT OF CUSTODIAN OF MEDICAL RECORDS

I, Christel Carter, RHIT, am the duly authorized Custodian of Medical Records for Macon County General Hospital under the laws of the State of Tennessee and have authority to certify said Medical Records, and

I further certify that the enclosed copy of Medical Records pertain to (patient) Pamela J. Cherry for dates of service: 5/30/2011 and 5/31/2011; and attached to this Affidavit is a true copy of the original medical records, and

Said Medical Records were created and maintained by the personnel of the hospital, staff physicians, or persons acting under the control of either the hospital personnel or staff physicians during the ordinary course of business and recorded at or near the time of the act, condition, or event reported therein, and

The cost to furnish the copies of these medical records is based on the usual charges of the hospital in accordance with T.C.A. 68-11-304.

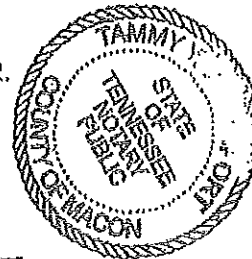
Christel Carter, RHIT
Christel Carter, RHIT
Director, Health Information Management

6-15-12
Date

Subscribed and sworn to before me, a Notary Public,
on this 16th day of June, 2012.

Tammy L. Campbell
Notary Public, State of Tennessee

My Commission expires: 3-18-2014



EXHIBIT

134017

MRSA: VRE:		MACON COUNTY GENERAL HOSPITAL 204 Medical Drive • Lafayette, Tennessee 37003 • (615) 688-2147		Advance Directive: N	
PATIENT ACCOUNT NO. 1032224		REGISTRATION ADMISSION		MEDICAL RECORD NO. 000028132	
PATIENT (Name/Address/Phone) CHERRY PAMELA J 1152 FLETCHER AVENUE INDIANAPOLIS 46203 IN COUNTY: MARION PHONE: (317) 683-4716		BIRTH DATE 06/14/1952		AGE 58	
		SEX F		RACE W	
		SOCIAL SECURITY NO. 306-64-4533			
		MARITAL STATUS M		REL Q	
		FC B		ADMITTED BY EAU	
		ADMISSION DATE & TIME 05/30/11 19:15		DISCHARGE DATE & TIME BMR	
		EMERGENCY CONTACT (Name/Address/Phone/Rel) CHERRY DAVID PHONE: (317) 683-4716 REL: SPOUSE		EMERGENCY CONTACT 2 (Name/Address/Phone/Rel) REL:	
PATIENT EMPLOYER (Name/Address/Phone/Occ) FARM BUREAU PHONE: OCC:		GUARANTOR EMPLOYER (Name/Address/Phone) FARM BUREAU PHONE:		ATTENDING PHYSICIAN (Name/Number) ILIA HANNA 4950	
GUARANTOR (Name/Address/Phone/Rel) CHERRY PAMELA J 1152 FLETCHER AVENUE INDIANAPOLIS 46203 IN PHONE: (317) 683-4716 SSN: 306-64-4533 REL: SELF				ADMITTING PHYSICIAN (Name/Number) ILIA HANNA 4950	
				REFERRING PHYSICIAN (Name/Number) 0	
PRIMARY INSURANCE ANTHEM ONE CAMERON HILL CIRCLE SUITE 0002 CHATTANOOGA TN 374020000 POLICY# FBAN2471298 GROUP #: 003321926 GRP NAME: BC AUTH#: CHERRY PAMELA J SEX: F RELATION: 18		SECONDARY INSURANCE POLICY# GROUP #: GRP NAME: AUTH#: SEX: RELATION:		TERTIARY INSURANCE POLICY# GROUP #: GRP NAME: AUTH#: SEX: RELATION:	
CHIEF COMPLAINT/ADMITTING DIAGNOSIS					
COMMENTS					

05/30/11 19:29
 Current System Date and Time

MC1600V1240B



Macon County General Hospital
Lafayette, Tennessee

CHERRY PAMELA J HSV: EHR
DOB: 06/14/1952 AGE: 58 SEX: F
ADMIT: 05/30/11 RN/BED: /
ATT: ILIA HANNA
PCP: MARGARET MAXWELL
MR #: 000028132 PAT #: 1032224



EMERGENCY DEPARTMENT

ADVANCE DIRECTIVES	
<input type="checkbox"/> None known _____ <input type="checkbox"/> POA for Healthcare? Name: _____ Phone: _____ <input type="checkbox"/> Living Will? Content if copy not available _____	
PHYSICIAN ORDERS	
<i>Saline lock</i> <i>NS 500 cc IV bolus x 1</i> <i>NTG 0.4 mg SL</i> <i>Metoprolol 30 mg IV x 1</i> <i>Atorvastatin</i> <i>Fib to PCP</i>	
Physician Signature <i>[Signature]</i>	

Return to ER within 72 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Record Obtained for Review? <input type="checkbox"/> Yes <input type="checkbox"/> No
Laboratory Orders: <input type="checkbox"/> Amylase <input type="checkbox"/> Blood C&S x 2 <input checked="" type="checkbox"/> BMP <i>Cmp</i> <input type="checkbox"/> BNP <input type="checkbox"/> CBC with Diff <input type="checkbox"/> CK-MB <input type="checkbox"/> CPK <input type="checkbox"/> Digoxin Level <input type="checkbox"/> Flu Screen <input type="checkbox"/> Free T-4 <input type="checkbox"/> Lipase <input checked="" type="checkbox"/> Magnesium <input type="checkbox"/> Myoglobin <input type="checkbox"/> PT <input type="checkbox"/> PTT <input type="checkbox"/> RSV <input type="checkbox"/> Sputum C&S <input type="checkbox"/> Strep Screen <input type="checkbox"/> Troponin <input type="checkbox"/> TSH <input type="checkbox"/> Urinalysis <input type="checkbox"/> Urine C&S	
Radiology Orders: <input type="checkbox"/> CXR PA & Lat <input type="checkbox"/> CXR Portable	
Other Orders: <input type="checkbox"/> ABG <input type="checkbox"/> Crisis Protocol <input checked="" type="checkbox"/> EKG <input type="checkbox"/> Jet Neb. <input type="checkbox"/> Old Chart	

134017

Unacceptable Abbreviations: U; IU; QD; QOD; MS; MSO₄; MgSO₄; lack of leading zero; presence of trailing zero

ER# 134017

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33 Macon County General Hospital
EMERGENCY PHYSICIAN RECORD
• Chest Pain •

PQRI - Physician Quality Reporting Initiative

DATE: 5-29-11 TIME: 1920 on arrival ROOM: 1

EMS Arrival EMS treatments ordered

HISTORIAN: patient spouse paramedics

HX / EXAM LIMITED BY:

TRANSFER FROM: see transfer record

TREATMENT PTA: by patient paramedics EDP PCP

lastx nitroglycerin O₂ albuterol neb tx aspirin

HPI

chief complaint: chest pain / discomfort

From HCC (pain to chest)

onset / duration: hrs / days ago

time of onset between 4 AM and 7 AM

timing: sudden / gradual onset

constant "waxing & waning"

still present better worse

intermittent episodes lasting

gone now lasted persistent / worse since

context: onset during: sleep rest emotional upset activity / exertion

Exercised / worked / free swim

all day

severity: max: mild moderate severe (1/10)

currently: mild moderate severe (1/10) gone

quality: pressure tightness indigestion

burning

dull

aching

sharp

stabbing

like prior MI

location of pain:

radiation (show radiation:)

radiation: none diagrammed above

arm / shoulder / back / neck / jaw

associated symptoms:

palpitations

nausea / vomiting

cough blood / sputum

sweating

weakness

shortness of breath

dizziness

hurts to breathe

worsened by: nothing

relieved by: nothing

deep breaths exertion

sitting up rest antacids

movement change in position

nitroglycerin O₂ aspirin

Similar symptoms previously: angina

Recently seen / treated by doctor / hospitalized

ER#

Name:

CHERRY PAMELA J
DOB: 06/14/1952 AGE: 58 SEX: F
ADMIT: 05/30/11 RN/BB: /
PCP: MARGARET MAXWELL
ATT: ILIA HANNA
MR #: 000028132
H: 0
R: 4950
RAT #: 1032224

ROS

CONST

recent illness

fever / chills

recent injury

MS / LYMPH

neck / back pain

calf pain

ankle swelling

GI / GU

abdominal pain

black stools

problems urinating

LNMP: preg post-menop

EYES / ENT

problem with vision

sore throat

SKIN / ENDO

rash

recent weight change

NEURO / PSYCH

headache

fainting

depression

all systems neg except as marked

CVS / RESP / GI / NEURO components also addressed in HPI

PAST HX

hypertension

diabetes Type 1 Type 2

diet / oral / insulin

hyperlipidemia

cardiac disease

AMI angina CHF A-Fib

DVT / PE risk factors: cont cancer

recent surgery leg swelling bedridden

paralysis prior DVT/PE

TAD / AAA risk factors:

pregnancy connective tissue dz

Marfan's Ehlers-Danlos

old records ordered / summary:

CVA / TIA deficit

GI disease

GERD peptic ulcer GI bleed

gall stones hepatitis pancreatitis

immunocompromise

HIV malignancy steroids transplant

kidney disease / dialysis

lung disease

asthma COPD pneumothorax

Surgeries / Procedures none

cardiac bypass

cardiac cath / stent

pacemaker / ICD

stress test

CT / MRI / ECHO

cholecystectomy

appendectomy

hysterectomy

dental work recent

Immunizations: Influenza / pneumovax UTD / referred to PCP

Medications none see nurses note

aspirin / β -blocker (within 24 hr) coumadin

clopidogrel BCPs

Allergies NKDA

see nurses note

SOCIAL HX

smoker

ppd

drugs (cocaine / IV)

alcohol (recent / heavy / occasional)

occupation

living situation: alone at home in nursing home

FAMILY HX

CAD (under 55 / over 55) DVT/PE AAA/TAD

ACN cardiac risk factors: chest pain full reflux

MCGH0004

Pt. Name

Date

☒ Nursing Assessment Reviewed ☒ Vitals Reviewed

PHYSICAL EXAM

General Appearance

P ☒ no acute distress ☒ mild/moderate/severe distress
Q ☒ alert ☒ anxious/lethargic
I

HEENT

PERRL ☒ post-surgical pupillary defect (R/L)
eyes nml inspection ☒ scleral icterus/pale conjunctivae
ENT nml inspection ☒ EOM palsy/anisocoria
pharynx nml ☒ pharyngeal erythema
☒ abnml TM/hearing deficit

NECK

☒ nml inspection ☒ JVD present
☒ no carotid bruit ☒ lymphadenopathy
☒ subcutaneous emphysema

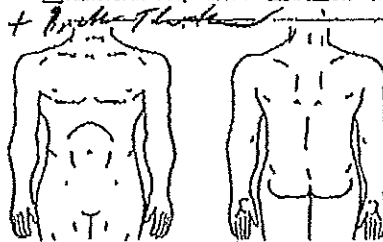
RESPIRATORY

☒ no resp. distress ☒ see diagram
☒ chest non-tender ☒ respiratory distress
☒ nml breath sounds ☒ manifests distinct pain on movement
R/L arm ☒ trunk

CVS

☒ reg. rate & rhythm ☒ splinting/decr air mvmt
☒ no murmur ☒ wheezes/rales/rhonchi
☒ no gallop ☒ irregularly irregular rhythm
☒ no friction rub ☒ extrasystoles (occasional/frequent)
☒ edises full/equal ☒ tachycardia/bradycardia
☒ decreased pulse(s) ☒ friction rub/Hamman's crunch
R/L radial ☒ fem ☒ dors ped
bilateral BP's asymmetrical

T = tenderness
G = guarding
R = rebound
M = mild
MOD = moderate
SV = severe



ABDOMEN (GI)

☒ non-tender ☒ tenderness/guarding/rebound
☒ no organomegaly ☒ abnml bowel sounds
☒ no distention ☒ hepatomegaly/splenomegaly/mass
☒ nml bowel sounds* ☒ bruit/pulsatile mass

RECTAL

☒ non-tender ☒ black/bloody/heme pos. stool
☒ heme neg stool ☒ tenderness

SKIN

☒ color nml, no rash ☒ cyanosis/diaphoresis/pallor
☒ warm, dry ☒ skin rash/zoster-like
☒ embolic lesions/signs of IVDA
☒ decubitus

EXTREMITIES (MS)

☒ non-tender/nml ROM* ☒ pedal edema
☒ no pedal edema ☒ calf tenderness/Homan's sign

NEURO/PSYCH

☒ oriented x3 ☒ disoriented to person/place/time
☒ mood/affect nml ☒ depressed mood/affect

CN's nml as tested ☒ facial droop

motor nml

sensation nml

Underline indicates organ system

* equivalent or information required for organ system except

Chest Pain - 33

LABS, EKG & X-RAYS

CBC ☒ normal except ☒ abnormal except ☒ 1st Set ☒ PT/PTT
WBC ☒ normal except ☒ abnormal except ☒ CK ☒ INR
Hgb ☒ normal ☒ abnormal ☒ Gluc ☒ CKMB ☒ D-Dimer
Hct ☒ normal ☒ abnormal ☒ BUN ☒ Troponin ☒ BNP
Platelets ☒ normal ☒ abnormal ☒ Creat ☒ 2nd Set ☒ Cultures sent
segs ☒ normal ☒ abnormal ☒ Na ☒ CK ☒ blood x
bands ☒ normal ☒ abnormal ☒ K ☒ CKMB ☒ sputum
☒ CO2 ☒ Troponin

RHYTHM STRIP NSR Rate

P ☒ EKG ☒ NML ☒ Interpret by me ☒ Reviewed by me Rate
Q ☒ NSR ☒ nml intervals ☒ nml axis ☒ nml QRS ☒ nml ST/T
I not changed from ☒ Repeat EKG: pending/unchanged/

CXR ☒ Interpret by me ☒ Reviewed by me ☒ Disc'd w/ radiologist
☒ nml/NAD ☒ no infiltrates ☒ nml heart size ☒ nml mediastinum

CT Scan chest/abdomen ☒ V/Q Scan ☒ Disc'd w/ radiologist
☒ nml/NAD

Pulse O₂ % on RA / L O₂ Interm: nml/hypoxia Time:

PROGRESS

Time unchanged ☒ improves re-examined
pain not gone completely

Rx given ☒ antibiotics given ☒ CHERRY PAMELA J
DOB: 06/14/1952 AGE: 58 SEX: F
ADMIT: 05/30/11 RM/BED: /
PCP: MARGARET MAXWELL #1: 0
ATT: ILIA HANNA #1: 4950
MR #1: 000028132 PAT #1: 1032224

antibiotics given ☒ Ciprofloxacin 500mg PO BID
CPIAMI - EKG/ASA/B-Blocker/Thrombolytics/
PCI/transfer
CAP - SeO₂/VS/MSE/antibiotic(s)/pathogen/
BC/CXR or CT/transfer

Discussed with Dr. ☒ Additional history from:
or Cardiologist at AM/PM family caretaker paramedics
will see patient in: ED/hospital/office

Counselled patient/family regarding lab/tx results diagnosis need for follow-up
Smoking cessation: discussed plan/triggers/challenges/gave Rx time: min
CRIT CARE TIME (excluding separately billable procedures)
30-74 min 75-104 min min

CLINICAL IMPRESSION

Chest Pain - acute Aortic Dissection
precordial tightness/pressure Pericarditis
chest wall/discomfort/organs Pneumomediastinum
Dyspnea - acute Pneumothorax
Myocardial Infarction - acute Pulmonary Edema/CHF
Pneumonia Pulmonary Embolism
Pleurisy/Pleuritis

Disposition: ☒ transferred ☒ home ☒ expired ☒ AMA
Time: ☒ admitted OBS ☒ POA decubitus/UTI (Foley)
Follow Up: ☒ arranged less than 24 hours
CONDITION: ☒ critical ☒ improved ☒ stable ☒ unchanged
Care transferred to Dr. Time:

PHYSICIAN SIGNATURE: ☒ Template Complete ☒ See Addendum (Dictated/Template #)
RT# 862

Macon County General Hospital			Emergency Room Medication Administration Record					
Date: _____								
Time	Medication / IV Fluid	Amount	Route	Site	Nurse	Response	*Time Complete (See legend)	Comments
2005	Nitroglycerin	0.4mg	Sublingual		EPH	1. No Reaction 2. Improved Other	1 A 1 T	NO A
2005	1/5	500cc	IV		EPH	1. No Reaction 2. Improved Other	1 A 1 T	BP 104/87
2120	Toradol	30mg	IV		EP	1. No Reaction 2. Improved Other	1 A 1 T	states feels better
						1. No Reaction 2. Improved Other	1 A 1 T	
						1. No Reaction 2. Improved Other	1 A 1 T	
						1. No Reaction 2. Improved Other	1 A 1 T	
						1. No Reaction 2. Improved Other	1 A 1 T	
						1. No Reaction 2. Improved Other	1 A 1 T	
						1. No Reaction 2. Improved Other	1 A 1 T	

*Time Complete Legend: A-Continued at admission T-Continued at Transfer

Time	Site	Catheter Size	Attempts	Solution	Rate	By	Comments
#1		24 gauge 18 gauge 22 gauge 16 gauge 20 gauge 10 needle		Saline Lock	@ _____ mL/hr		1. IV Fluids DC'd Time: _____ Init. _____ X IV DC'd Time: 2142 Init. _____ X Site Clear/Cath Intact Continued at Admission Continued at Transfer
#2		24 gauge 18 gauge 22 gauge 16 gauge 20 gauge 10 needle		Saline Lock	@ _____ mL/hr		1. IV Fluids DC'd Time: _____ Init. _____ 1. IV DC'd Time: _____ Init. _____ Site Clear/Cath Intact Continued at Admission Continued at Transfer

Time In-house O2 started	Oxygen	Route	Nurse	Time Stopped	Comments
	O2 @ _____ L/min	1. Nasal Cannula 2. Simple Mask 3. Vent-mask 4. Non-Rebreather 5. Transport Ventilator		1. Continued at Admission 2. Continued at Transfer Time: _____	

Nurse Signature	Init.	Nurse Signature	Init.
<i>[Signature]</i>		<i>[Signature]</i>	
Physician Signature <i>[Signature]</i>			

CHERRY PAMELA J DOB: 06/14/1952 AGE: 58 SEX: F
 ADMIT: 05/30/11 RN/BD: 1
 PCP: MARGARET MAXWELL N: 0
 ATT: ILYA HANNA R: 4950
 MR #: 000028132 PAT #: 1032224

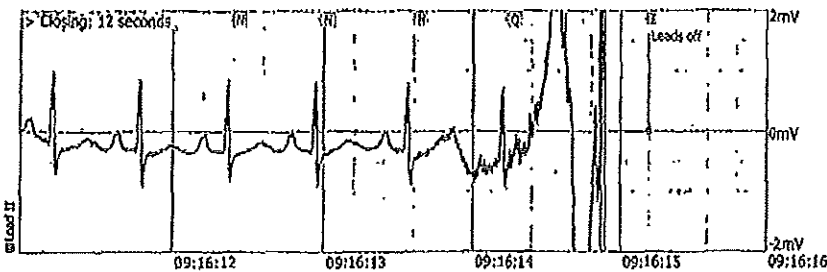
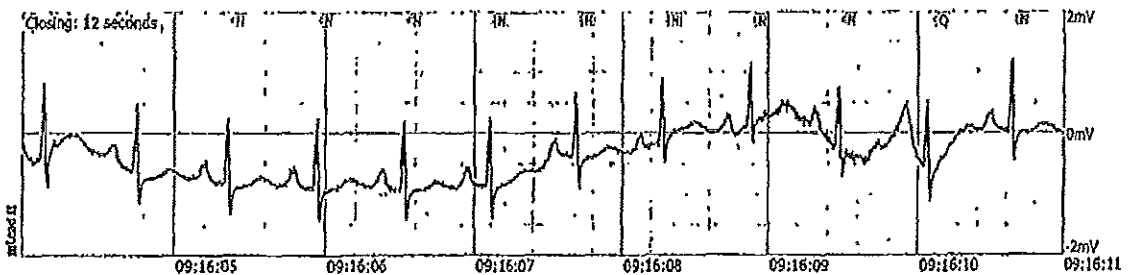
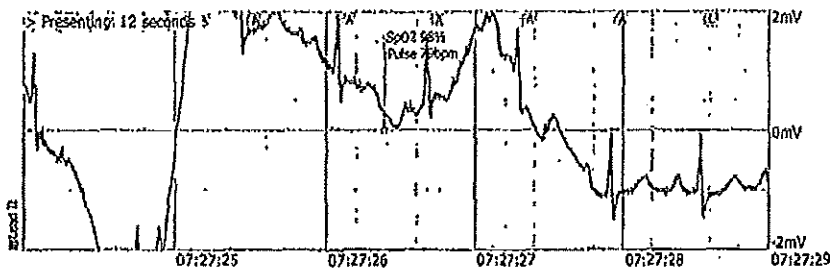
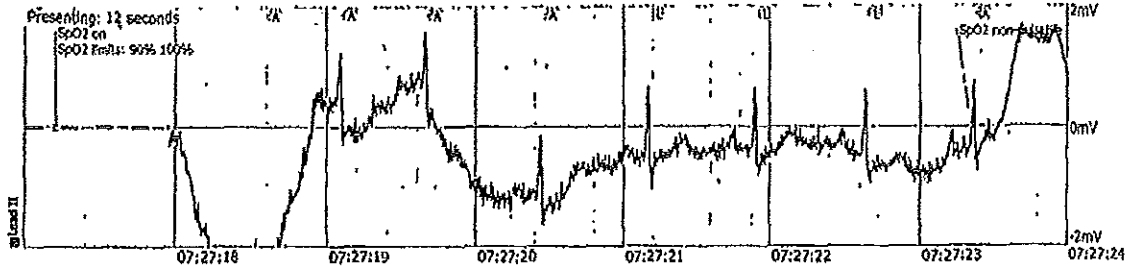
SN# 134017

ECG Pre- and Post-shock

HEARTSTART
Event Review Pro / Hospital 4.1

Case ID: 1105301927155216
Case date: 5/30/2011
Device: HeartStart MRx: US00540164

Patient ID: 06141952
First name: PAMELA
Last name: CHERRY



DW111DC

Report creation date: 5/31/2011 5:33:48 AM

1/1

Vital Trends

HEARTSTART

Event Review Pro / Hospital 4.1

Case ID: 110530192715526
Case date: 5/30/2011
Device: HeartStart MRx: US00540164

Patient ID: 06141952
First name: PAMELA
Last name: CHERRY

Vital Trend	19:27:00	19:32:00	19:37:00	19:42:00	19:47:00	19:52:00	19:57:00	20:02:00
HR (bpm)	86^	94^	95^	100^	98^	97^	101^	90^
SpO2 (%)	99^	98^	100^	99	99^	97^	97^	97^
Pulse (bpm)	83^	94^	100^	99	95^	95^	101^	91^
NBP systolic (mmHg)	--	--	--	--	124	--	--	127
NBP diastolic (mmHg)	--	--	--	--	84	--	--	88
NBP mean (mmHg)	--	--	--	--	97	--	--	101

Vital Trend	20:07:00	20:12:00	20:17:00	20:22:00	20:27:00	20:32:00	20:37:00	20:42:00
HR (bpm)	93^	95^	--	91	95^	95^	94^	89^
SpO2 (%)	96^	94^	95^	97^	--	--	--	--
Pulse (bpm)	93^	94^	90^	94^	--	--	--	--
NBP systolic (mmHg)	--	--	124	--	--	124	--	--
NBP diastolic (mmHg)	--	--	87	--	--	87	--	--
NBP mean (mmHg)	--	--	99	--	--	99	--	--

Vital Trend	20:47:00	20:52:00	20:57:00	21:02:00	21:07:00	21:12:00	21:17:00	21:22:00
HR (bpm)	94^	91^	97^	92^	93^	83	--	--
SpO2 (%)	--	--	--	--	--	--	--	--
Pulse (bpm)	--	--	--	--	--	--	--	--
NBP systolic (mmHg)	131	--	--	127	--	--	--	--
NBP diastolic (mmHg)	95	--	--	88	--	--	--	--
NBP mean (mmHg)	107	--	--	101	--	--	--	--

DUPLICATE

Printed on: 5/31/2011 5:35:07 AM

1/1

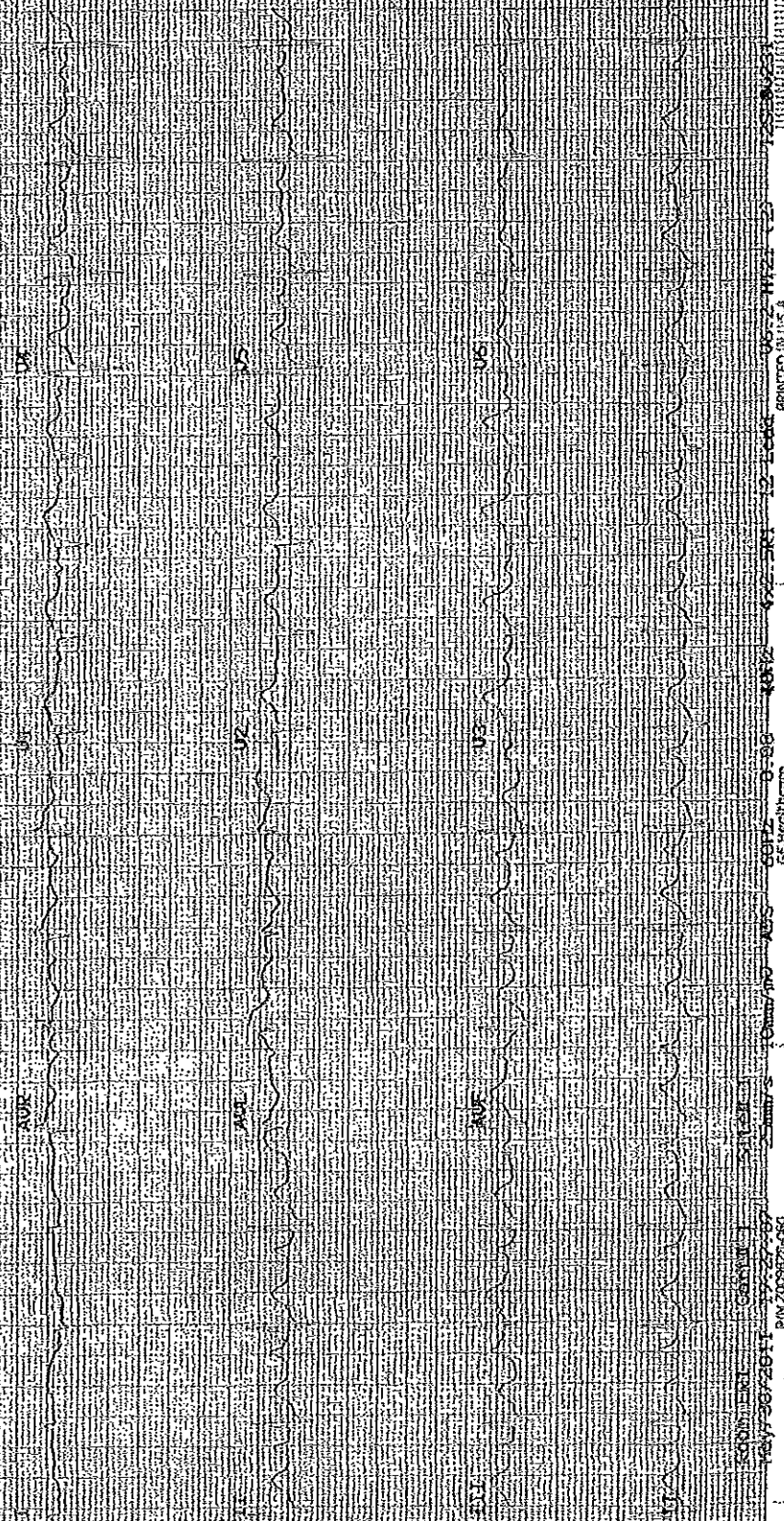
HR 92

68-11431200 CHERYL DAREEA-J L WAGON COUNTY GENERAL HOSPITAL
58 YEARS (DOB 10/14/1952) (Belgian)

Measurements Results Interpretation
QRS 90 ms 90 C.T. Interpretation
QT/QTcB 354 / 532 ms 0.055 Sinus rhythm with sinus arrhythmia
PR 182 ms RPR Right atrial enlargement
QT 344 ms Leftward axis
PR/QT 650 / 658 ms Possible anterior infarct - age undetermined
P/QRS/T 387 / 90 / 95 degrees Abnormal ECG

Order Physician: EDWARD HANNA
Technician: JS
ECG performed: 11/11/90
ECG #11431200

Unrecorded leads reported



COMMENTS: CONTINUED
10/17/90/2611 10/22/90
PIN 2003624.06

GE Healthcare 0812 0-86 4812 62-5R1 12-ECG 10-2-92-125
PRINTED IN USA

Print date: 6/14/12 16:37
Printed by: CCARTER

P A T I E N T R E P O R T
**** FINAL ****

Page 1

MACON COUNTY GENERAL HOSPITAL
P.O. BOX 378
LAFAYETTE TN 37083

LABORATORY CLIA#44D0307212
JULIE LEMMON, M.D.

Name: CHERRY PAMELA J Status: O/P / EMR Adm Date: 5/30/11
Pat#: 1032224 DOB: 6/14/52 Adm Phys: ILIA HANNA
Strt: 5/30/11 19:38 Age/Sex: 58 / F Ord Phys: ILIA HANNA
Ord#: R 100 200 300 400 MR#: 000028132 Fam Phys: MARGARET MAXWEL
500

Special Instructions:
Reported: 5/30/11 20:08

Test Name	Result	Flag	Reference Range	Units
Collected: 5/30/11 19:44 ER Received: 5/30/11 19:44 CS Verified: 5/30/11 19:45 CS				
CBC WITH AUTO DIFF				
WBC COUNT AUTO	14.4	H	4.8 - 10.8	10 ³ /mcL
RED BLOOD CELLS	3.99	L	4.20 - 5.40	10 ⁶ /mcL
HEMOGLOBIN	13.2		12.0 - 16.0	g/dL
HEMATOCRIT	38.5		37.0 - 47.0	%
MCV	98.9		81.0 - 99.0	fL
MCH	33.0	H	27.0 - 31.0	pg
MCHC	33.4		32.0 - 36.0	g/dL
RDW	13.4		11.5 - 15.5	%
PLATELET COUNT AUTO	291		130 - 400	10 ³ /mcL
MEAN PLATELET VOLUME	73		74 - 104	fL
NEUTROPHIL %	84.8	H	50.0 - 75.0	%
LYMPHOCYTE %	10.1	L	20.0 - 40.0	%
MONOCYTE %	4.0	L	5.5 - 11.7	%
EOSINOPHIL %	0.9		0.0 - 2.0	%
BASOPHIL %	0.2		0.2 - 1.0	%
NEUTROPHIL ABSOLUTE #	12.2	H	2.0 - 4.8	10 ³ /mcL
LYMPHOCYTE ABSOLUTE #	1.5		1.3 - 2.9	10 ³ /mcL
MONOCYTE ABSOLUTE #	0.6		0.3 - 0.8	10 ³ /mcL
EOSINOPHIL ABSOLUTE #	0.1		0.0 - 0.2	10 ³ /mcL
BASOPHIL ABSOLUTE #	0.0		0.0 - 0.1	10 ³ /mcL
MANUAL DIFFERENTIAL				
Collected: 5/30/11 19:43 ER Received: 5/30/11 19:43 CS Verified: 5/30/11 20:08 CS				
COMPREHENSIVE METABOLIC PANEL				
GLUCOSE	118	H	70 - 110	mg/dL
BLOOD UREA NITROGEN	16		7 - 18	mg/dL
CREATININE	0.9		0.6 - 1.3	mg/dL
BUN/CREATININE RATIO	17.8		6.0 - 20.0	
GFPR	64		60 - 130	mL/min/1.73m ²
SODIUM	139		136 - 145	mmol/L
POTASSIUM	3.3	L	3.5 - 5.1	mmol/L
CHLORIDE	102		98 - 107	mmol/L
CARBON DIOXIDE	30.1		21.0 - 32.0	mmol/L

Continue ...

Name: CHERRY PAMELA J

Sex/Age: F/ 58

Pat#: 1032224

Print date: 6/14/12 16:37
Printed by: CCARTER

PATIENT REPORT
**** FINAL ****

Page 2

MACON COUNTY GENERAL HOSPITAL
P.O. BOX 378
LAFAYETTE TN 37083

LABORATORY CLIA#44D0307212
JULIE LEMMON, M.D.

Name: CHERRY PAMELA J Status: O/P / EMR Adm Date: 5/30/11
Pat#: 1032224 DOB: 6/14/52 Adm Phys: ILIA HANNA
Strt: 5/30/11 19:38 Age/Sex: 58 / F Ord Phys: ILIA HANNA
Ord#: R 100 200 300 400 MR#: 000028132 Fam Phys: MARGARET MAXWEL
500

Special Instructions:
Reported: 5/30/11 20:08

Test Name	Result	Flag	Reference Range	Units
ANION GAP	10.2		10.0 - 18.0	mmol/L
TOTAL PROTEIN	6.8		6.4 - 8.2	g/dL
ALBUMIN SERUM	3.3	L	3.4 - 5.0	g/dL
GLOBULIN	3.5		2.0 - 3.9	g/dL
ALBUMIN/GLOBULIN RATIO	0.9	L	1.0 - 2.4	
CALCIUM	8.7		8.5 - 10.1	mg/dL
OSMOLALITY CALCULATED	280		275 - 295	mOsm/L
BILIRUBIN TOTAL	0.20		0.00 - 1.00	mg/dL
ALKALINE PHOSPHATASE	103		50 - 136	U/L
AST/SGOT	18		15 - 37	U/L
ALT/SGPT	21	L	30 - 65	U/L

Collected: 5/30/11 19:43 ER	Received: 5/30/11 19:43 CS	Verified: 5/30/11 20:08 CS		
CK MB	0.19		0.0 - 3.6	ng/mL

Collected: 5/30/11 19:43 ER	Received: 5/30/11 19:43 CS	Verified: 5/30/11 20:08 CS		
MAGNESIUM	1.8		1.8 - 2.4	mg/dL

Collected: 5/30/11 19:43 ER	Received: 5/30/11 19:43 CS	Verified: 5/30/11 20:08 CS		
TROPONIN-I	0.06		0.00 - 0.10	ng/mL

Name: CHERRY PAMELA J

Sex/Age: F/ 58

Pat#: 1032224

AFTERCARE INSTRUCTIONS TO PATIENTS

The examination and treatment you have received in the Emergency Department has been rendered on an EMERGENCY basis ONLY and is not intended to be as substitute for an effort to provide COMPLETE medical care. Your listed family physician will be provided with a copy of this visit for continuity of your care. It is important that you let him check you again and that you report to him any new or remaining problems at that time. This is necessary because it is IMPOSSIBLE to recognize and treat ALL elements of illness or injury in a single Emergency Department visit. Meanwhile FOLLOW THE INSTRUCTIONS INDICATED FOR YOU BELOW.

SPRAIN, FRACTURE AND SEVERE BRUISES

- ☐ Elevate the injured part above level of heart to lessen swelling. If pillows flatten, use chair cushions with pillows or blanket for comfort.
- ☐ Ice packs also help prevent swelling, especially during the first 48 hours. Place ice in plastic or rubber bag, cloth covering; after 48 hours, use heat.
- ☐ If you have an elastic bandage, rewrap it if too tight or loose. Remove at bedtime and replace in A.M.
- ☐ If you have a cast, keep it perfectly dry at all times. Wait 24 hours for the cast to become strong before you allow pressure or weight on any part of the cast.
- ☐ Wiggle toes or fingers to help prevent swelling in the cast; this should be done often if it does not cause pain.
- ☐ If the part swells anyway, or gets cold, blue or numb, or pain increases markedly, have it checked promptly.

BACK OR NECK INJURY INSTRUCTIONS

- ☐ Use heat or cold on the injured area - whichever seems to help the most. Be careful not to burn yourself.
- ☐ Rest as much as possible until you are improved.
- ☐ Avoid positions and movements that make pain worse.
- ☐ Relax emotionally - If you are tense, the problem will only be worse.
- ☐ Gentle but firm massage will increase circulation in sore muscles and helps clear soreness.

WOUND CARE (CUTS, ABRASIONS, BURNS, ETC.)

- ☐ Keep the dressings clean and dry.
- ☐ Elevate the wound to help relieve soreness and help speed wound healing.
- ☐ Despite the greatest care, any wound can be infected. If your wound becomes red, swollen, shows pus, or red streaks, or feels more sore instead of less sore as days go by, you must report to your doctor right away.
- ☐ Clean stitches with Peroxide or Betadine Solution, then apply Neosporin Ointment and bandage.
- ☐ Dressings should be changed in _____ days.
 - ☐ Change them.
 - ☐ Call and see your doctor.
- ☐ Tetanus Toxoid given.

FOLLOW - UP INSTRUCTIONS

- ☒ Call to arrange an appointment at his office to see Dr. Margaret in _____ days for follow-up care. Call sooner if you think necessary.
- His phone, _____.

ADDITIONAL INSTRUCTIONS / EDUCATIONAL HANDOUTS: _____

HEAD INJURY INSTRUCTIONS

Report to your doctor immediately if anything listed occurs (even within several months.)

- ☐ Persistent vomiting, stiff neck, fever.
- ☐ Unequal pupils (one pupil large, one small).
- ☐ Confusion or unusual drowsiness.
- ☐ Convulsions or unconsciousness.
- ☐ Stumbling or other problems with normal use of arms or legs, or areas of skin numbness.

NOTE: Wake patient hourly the first night to check for these signs.

X-RAY INSTRUCTIONS

Your X-rays have been read by the attending physician in the Emergency Dept. For your added protection, your X-rays will be reread the next morning by the Radiology Dept. If any abnormalities are found that have not been called to your attention, your doctor will be notified. (Please be certain that the Emergency Dept. has the name of your family doctor.)

Sometimes fractures or abnormalities may not show up on X-rays for several days. If your symptoms continue or get worse, call your doctor. More X-rays may need to be taken.

GENERAL INSTRUCTIONS

- ☐ Stay in bed / may go to the bathroom.
- ☐ Use vaporizer.
- ☐ Take clear liquids by mouth until nausea, vomiting, diarrhea and abdominal cramps subside, then gradually return to normal diet.
- ☐ Drink large amounts of liquid.
- ☐ Take _____ Tylenol every 4 hours. Stop after 48 hours.
- ☐ Avoid any use of injured part.
- ☐ Allow only limited use of the part.
- ☐ No weight bearing, use crutches.
- ☒ Fill prescriptions given to you from Emergency Dept. and take as directed.
- ☐ Warm soaks to area 4 times daily, 20 to 40 minutes each time.
- ☐ Stop smoking.
- ☐ Fever control instructions given.
- ☐ Do not drive or operate machinery while taking medication, _____.
- ☐ Apply ice packs to area.
- ☐ Wear eye patch for _____ hours.
- ☐ See patient home medication list.
- ☐ Post sedation / pain medication instructions.

Return to ER as needed

I hereby acknowledge receipt of all the instructions as indicated above. I understand that I have received EMERGENCY treatment only and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as indicated above. I understand that if my condition worsens or if new symptoms appear, I should contact my Doctor immediately, or if unable to reach my doctor, return to the Emergency Room. I understand that if I receive a medication to take home with me, it may not be in a childproof container and I am assuming responsibility for safe storage.

PATIENT OR GUARDIAN SIGNATURE

DATE

WITNESS SIGNATURE

CHERRY PAMELA J
DOB: 06/14/1952 AGE: 50 SEX: F
ADMIT: 05/30/11 RN/DED: /
ATT: ILIA HARRA
PCP: MARGARET MAXWELL
MR #: 000028132 PAT #: 1032224

MCGH Phone: 686-2147

134017



MEDICAL RECORDS

THIS DOCUMENT CONTAINS A BLUE BACKGROUND & SECURITY WATERMARK

MACON COUNTY GENERAL HOSPITAL
204 Medical Drive Phone 666-2111 Lafayette, LA 70503

Name: Practical Ability DOB: 01/01/1971

Address: 1101 N. 1st St. Apt. 1101

LABOR / VITALS / DNO
DATE: 11/10/11 TIME: 11:30 AM
AGE: 40
Height: 5' 8" Weight: 130

Signature of: [Signature] M.D. [Signature] M.D.
Subscribed Of: [Signature] Discharge As: Warrant

DEAR: Practical Ability MAC-RX

PERMACORP INC. & SECURITY FEATURES ARE LISTED ON BACK.

CHERRY RANGLA 3
DOB: 06/14/1952
ADMIT: 05/30/11
ATT: ILLIA BANSA
PCP: MARGARET MAXWELL
PCT #: 10302224
HSP: ENR
AGE: 58
SEX: F
ETH/RED:



MACON COUNTY GENERAL HOSPITAL

P O BOX 378

LAFAYETTE, TN 37081

615-666-2147

CHERRY PAMELA J
DOB: 06/14/1952 AGE: 58 HSV: EMR
ADMIT: 05/30/11 SEX: F
ATT: ILIA HANNA RH/BED: /
MR #: 000028132 PAT #: 1032224



NOTICE TO OUR PATIENTS AND/OR THEIR REPRESENTATIVE

In order to be able to offer the healthcare services needed by our community, Macon County General Hospital has contracted with independent contractors who have been granted the privilege of using the facilities at Macon County General hospital for the care and treatment of their patients. However, they are **NOT** employed by the hospital. Organizations and/or individuals that will provide services and/or patient care in Macon County General Hospital facilities and will generate a separate bill include but are not limited to:

- | | |
|--|-------------------------------|
| PICC Line Insertion | Podiatrist |
| Anesthesia | Cardiologist |
| Surgeons | Gastroenterologist |
| ER Physicians | Ophthalmologist |
| Radiologist | Dentist |
| Pathologist | Orthopedics |
| Physicians seeing patients in Specialty Clinic | Ambulance/Helicopter Services |

If you have any questions about these arrangements, please ask a registration specialist for assistance.

If you have any questions about these separate bills, please call the number on the bill.

The above information has been explained to me and I understand that the above organization/individuals are not employees of Macon County General Hospital and that I will be billed separately for the services of any of the above groups.

Patient's Signature

Date

David Chang

Representative's Signature

6-30-11

Date

MACON COUNTY GENERAL HOSPITAL
 Lafayette, Tennessee 37083

CHERRY PAMELA J
 DOB: 06/14/1952 AGE: 58 HSV: RMR
 ADMIT: 05/30/11 RM/BD: SEX: F
 ATT: ILXA HAHNA
 PCP: MARGARET MAXWELL
 MR #: 000028132 PAT #: 1032224

Patient Name

1. **Authorization for Treatment:** This is to certify that I (we) the undersigned request treatment considered necessary for the patient whose name appears below. I voluntarily consent to the rendering of such treatment by the authorized agents of MCGH as deemed necessary or beneficial in their professional judgment. I acknowledge that no guarantees have been made as to the outcome of treatment of my condition. I understand that as part of my healthcare, MCGH originates and maintains health records describing my health history, symptoms, examination, and test results, diagnoses, treatment and any plans for further care or treatment. I understand that this information will be used by hospital employees as a basis for planning my care and treatment, and as a means of communication among the healthcare professionals who contribute to my care. I realize that copies of this visit may be forwarded to my listed attending physician for continuity of care; and I understand that it may be necessary for MCGH or my attending physician to make available to other healthcare providers, copies of my medical records for information relating to my care for follow-up or continued care. I understand that I must instruct MCGH otherwise if I wish copies of this visit NOT to be forwarded to my attending physician or other healthcare providers. Authorization is hereby granted for such treatment and procedures.

• For ER Patients Only: I (we) understand that a personal physician is to be selected by or on behalf of the patient within 24 hours of hospitalization if further treatment is required or immediately if complications arise.

2. **Assignment of Insurance Benefits and Release of Information:** I hereby authorize payment directly to MCGH for entitled benefits arising out of any policy of insurance having patient or any other party liable to patient and hereby assign any group, individual, Medicare and/or Medicaid payment due me to Macon County General Hospital for application on patient's bill. I also authorize the Hospital to transfer any overpayment to other accounts for which I am responsible. Furthermore, I agree that if my case is handled under the Workers Compensation Act the agent is hereby authorized to have access to, or request copies of my hospital record. I also authorize payment directly to all Physicians, Radiologists, Pathologists, and Anesthesiologists performing services to me or for me through MCGH of all benefits which may be due and payable under insurance coverage that I may have. I hereby authorize MCGH and physicians to furnish any medical information and/or copies of my hospital record as requested by insurance companies with whom I have coverage. A carbon or photostatic copy of this signature shall be considered as valid as the original. Medicare/Medicaid Patient's Certification: I certify that the information given by me in applying for payment under Titles XVIII and/or XIX of the Social Security Act is correct. I authorize release of all records required to action this request. I request that payment of authorized benefits be made on my behalf.

3. **Financial Agreement and Payment Guarantee:** For and in consideration of the services rendered to the patient by MCGH, I (we) do hereby guarantee payment of all charges incurred to the account of the named patient from time of admission until discharge. I (we) the undersigned agree to pay reasonable attorney's fees and collection expenses associated with this account should it be referred to an attorney for collection.

4. **Waiver of Hospital Responsibility for Patient Valuables:** MCGH will endeavor to take all necessary precautions to safeguard personal articles and valuables of patients being treated at the hospital; however MCGH shall not be liable for the loss or damage to any money, jewelry, glasses, dentures, coats or other articles brought to the hospital. I understand all personal property must be collected at the time of discharge from the hospital.

5. **Infection Control Consent:** To protect against possible transmission of blood borne diseases, such as Hepatitis or Human Immunodeficiency Virus (HIV), I understand it may be necessary or medically indicated to test my blood while I am a patient at MCGH. If, for example, a hospital employee is stuck by a needle while drawing blood, is splashed with blood, or sustains a scalp injury and is exposed to my blood, I understand my blood, as well as the employee's blood will be tested for possible infection with the above mentioned diseases. These results will be kept confidential as provided by Tennessee State Law.

6. **Patient Rights and Responsibilities:**

Do you currently have Hospice? No ☒ Yes ☐ (agency) _____

Do you currently have Home Health? No ☒ Yes ☐ (agency) _____

I have been offered a copy of the Patient Rights and Responsibilities. X ☒ (Initials) _____

7. **Privacy Notice Acknowledgement:** Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. By initialing the line below, you acknowledge your receipt of our Notice of Privacy Practices. X ☒ (Initials) _____

I have received a copy of Macon County General Hospital's Notice of Privacy Practices. X ☒ (Initials) _____

8. **Appointment Reminders and Follow-up Calls:** I give my consent for MCGH to leave a message or voice mail in reference to my hospital visit for items such as appointment reminders, insurance items, and/or test results. X ☒ (Initials) _____ Phone number: _____

9. **Advance Directives:**

Do you have a Durable Power of Attorney for Healthcare? No ☒ Yes ☐ (name) _____ (phone) _____

Do you have a Living Will? No ☒ Yes ☐

If Yes, is a copy available? No ☐ Yes ☐ If copy not available, content of advanced directives includes: _____

10. **Request for Private Room:** In the event that I am admitted, I would like to request a Private Room, if available? X ☒ (Initials) _____

11. **Patient Directory:**

I hereby give permission to MCGH to include my name, location within the hospital, and general condition (good, fair, stable) to the following:

Anyone who inquires
 DO NOT include in Directory

During my stay in the hospital, I hereby give permission to MCGH to share my general condition and details of my care with the following people:

Name	Relationship

X Patient's Signature _____ Date _____

X Guardian/Proxy/Authorized Person _____ Relationship _____

X Witness _____ Date _____

TELEPHONE PERMISSION FOR TREATMENT

This patient is an unemancipated minor _____ years of age, and unable to sign for treatment. Telephone consent is given on the patient's behalf by:

Name of Representative _____ Relationship _____

1st Witness of Telephone Call _____ Date & Time _____

2nd Witness of Telephone Call _____ Date & Time _____

REFUSAL OF TREATMENT - MEDICAL SCREENING - DISCHARGE AGAINST MEDICAL ADVICE

This is to certify that I, _____, have refused medical care and treatment and am leaving MCGH against medical advice of the attending physician and the hospital staff. I acknowledge that I have been informed of the risk(s) involved, which include _____ and hereby release

all concerned (physician, hospital, and employees) from all responsibility and any ill effects which may result from my action.

Signed _____

Witness _____

Date _____

Patient: Pamela J Cherry
DOB: 6-11-52
Social Security #: 300-64-4533
Complaint: Jaw Pain
Chest Pain

Family Physician: Margaret Maxwell
Time of Arrival: 7:15
MAC-413 (Rev. 07-10) Two Point Inc. 1-800-430-5316

Patient: Pamela J Cherry
DOB: 6-11-52
Social Security #: 300-64-4533
Complaint: Jaw Pain
Chest Pain

Family Physician: Margaret Maxwell
Time of Arrival: 7:15
MAC-483 (Rev. 07-10) Two Point Inc. 1-800-800-5876

Anthem. 

MEMBER SERVICES

PAMELA J CHEERY
 Identification Number
FBJAN247129B

HIA PLAN

Group: 003321026
 HIA
 Plan Codes: 631/332
 DHI: 610375
 PCN: CDH9269

Copayment 60



Anthem. 

anthem.com

Plan is subject to local laws. If
 Member is primary, please file claims with
 Member. If a provider does not file claims on
 behalf, please file claims on
 member's behalf and file claims on
 P.O. Box 31010
 Louisville, KY 40231

Member Services
 24/7 Toll-Free
 For Coverage
 Provider Referrals
 Coverage Verification
 Provider Services
 1-877-815-6565
 1-800-400-8710
 1-800-778-4770
 1-800-416-0210
 1-800-310-4333
 1-800-876-2333

Portability of this card does not guarantee
 eligibility for benefits.

This card is not valid for use in the United States
 or any other country. It is valid only in the United States.
 It is not valid for use in the United States or any other country.
 It is not valid for use in the United States or any other country.
 It is not valid for use in the United States or any other country.